

Congressman Phil Gingrey
Opening Statement on H.R. 2406
Science and Technology Full Committee Hearing
September 26th, 2007

Mr. Chairman, I appreciate your giving Chairman Wu and I additional time to address today's hearing. As you know, health information technology is a topic of great importance to me as a physician Member of this body — so I appreciate your holding this hearing on developing interoperability standards for Health Information Technology — an area of critical importance to our healthcare system and an area with so much untapped potential.

Health Information Technology is one of the most promising ways to tackle today's problem of skyrocketing health care costs. A recent RAND study reveals that an interoperable HIT system that is implemented correctly and widely adopted would save the American health care system more than \$162 billion annually.

In addition, there are numerous other advantages that are also very compelling. Properly implemented HIT would enormously increase the efficiency within our healthcare system by increasing access to off-site charting and flagging charts for follow-up on recommended procedures. It has the potential to eliminate duplicate testing that wastes patients' money and time and often causes patients unnecessary pain and discomfort. Even more vital is the possibility of eliminating medical errors that lead to almost 100,000 deaths each year.

I see important roles for the government in promoting Health Information Technology. First we must make sure that every provider is able to adopt HIT. Secondly, we must ensure that the technology and standards measure up to 21st century standards so that health information technology is implemented properly to promote the interoperability of HIT software.

To address the first issue I am sponsoring H.R. 1952, in collaboration with Rep. Charles Gonzales from Texas. This bill is called the National Health Information Incentive Act of 2007. My bill would encourage HIT adoption by providing optional financial incentives to small health care providers and entities to implement such an infrastructure.

I am so glad that Chairman Gordon has called this hearing to explore the second part of this process, the creation and implementation of HIT interoperability standards. It is vital that these standards are developed in the most efficient way to ensure that HIT is not only implemented quickly but properly.

I want to again thank the Chairman for taking the initiative on this important matter, and look forward the witness testimony.